

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 209
Registered No. 337

1. PLACE OF BIRTH

County Sila State Arizona
District or Township _____ or Village _____
City Miami No. 406 Franz Ave. St. _____ Ward _____

2. Full name of child Maria Yolanda Diaz
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate yes 7. Date of birth July 30-1927
Month _____ Day _____ Year _____

8. FATHER
Full name Antonio Diaz
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 33 (Years)

14. MOTHER
Full maiden name Justinia Esparza
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry Laborer

18. Birthplace (city or place) Jalisco Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Leyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Aug 11, 1927 A. E. Jones
Registrar

449-730-151

WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MISCARRIAGE OR STILLBIRTH, A SEPARATE RETURN MUST BE MADE IN ORDER OF BIRTH STATED.